



# Department of Defense **INSTRUCTION**

November 9, 1992  
**NUMBER 6025.15**

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ASD(HA)

**SUBJECT :** Implementation of Department of Defense Participation in the National Practitioner Data Bank ( NPDB)

- References:**
- (a) DoD Directive 6025.14, "Department of Defense Participation in the National Practitioner Data Bank (NPDB)," November 1, 1990
  - (b) Title IV-B and C of Public Law 99-660, "The Health Care Quality Improvement Act of 1986, " November 1986 (42 U.S. C 11131 - 11152)
  - (c) Title 45, Code of Federal Regulations, Part 60, "National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners" (Department of Health and Human Services Regulations), current edition
  - (d) DoD Directive 6025.6, "Licensure of DoD Health Care Providers," June 6, 1988
  - (e) through (g), see enclosure 1

**A. PURPOSE**

This Instruction:

1. Establishes DoD policy, assigns responsibilities, and prescribes procedures for complying with references (a), (b), and (c).
2. Specifies the content of confidential reports to the NPDB.

**B. APPLICABILITY AND SCOPE**

This Instruction applies to:

1. The Office of the Secretary of Defense and the Military Departments ( including their National Guard and Reserve components). The term "Military Services, " as used herein, refers to the Army, the Navy, and the Air Force.
2. **Healthcare** personnel who are in professions required to possess a license or other authorization from licensing jurisdictions under reference (d) **and/or** who are granted individual clinical privileges.

**c. DEFINITIONS**

1. **Healthcare Entity.** A hospital, ambulatory health clinic, or dental clinic with an independent **healthcare** practitioner staff that carries out professional staff review and provides healthcare to medical or dental patients. The term also includes applicable professional staff components of each Military Service, as designated by the respective Surgeon General, that also perform peer reviews as part of the quality assurance and/or quality improvement program.

2. Healthcare Trainee. Any resident, intern, or other healthcare provider in a formal healthcare training status preparatory to becoming a licensed healthcare practitioner.

3. Licensed Healthcare Practitioner. Any physician, dentist, or healthcare practitioner of one of the professions the members of which are required to possess a professional license or other authorization, as prescribed in DoD Directive 6025.6 (reference (d)).

4. National Practitioner Data Bank (NPDB). The organization developed according to Pub.L. No. 99-660, Title IV-B and C (reference (b)) and 45 CFR 60 (reference (c)) to receive and provide data on professional competence and conduct of physicians, dentists, and other licensed healthcare providers including data on malpractice claims payment made on behalf of a provider.

5. Professional Review. A process to monitor, review, and evaluate the quality of care given by a healthcare provider within a healthcare entity.

#### D. POLICY

It is DoD policy that:

1. Reports shall be made to the NPDB in cases of malpractice claims payment in accordance with the following guidelines:

a. An investigative and/or fact finding process shall occur in every claim of alleged malpractice at the Medical Treatment Facilities (MTF) and/or Dental Treatment Facilities.

b. Reasonable effort shall be made to afford all involved providers an opportunity to respond to the claim during the investigative and/or fact finding process.

c. In addition to the investigative and/or fact finding process, there shall be a professional review of the care by the appropriate Surgeon General. The purpose of the professional review is to render an opinion as to whether the standard of care was met or not met and to review the processes and factors leading to the claim.

d. If the malpractice claim results in a monetary payment, all providers identified by the investigative and/or fact finding process and professional review as being potential subjects of NPDB reports shall be afforded an opportunity to submit written comments on expert opinion made or rendered on his or her involvement in the case or to provide any other pertinent information. Opportunity to comment shall occur before the Surgeon General's final review and decision. (However, a NPDB report is not an adverse action and full due process procedures are not involved.)

e. In any case in which a malpractice payment has been made, the Surgeon General of the appropriate Military Department shall review the report of the investigative and/or fact finding process, the professional review, a summary of the administrative claim adjudication and/or litigation disposition,

and comments by the involved providers. If the Surgeon General determines (under the standards established in paragraphs D.1.f. and D.1.g., below,) that payment was made for the benefit of a **healthcare** practitioner, a report shall be made to the NPDB in the name of the practitioner(s). The Surgeon General's responsibility to make the determination required by subparagraph D.1.f.(2), below, may not be delegated to a subordinate official.

f. A payment is considered to be for the benefit of a practitioner if the practitioner was responsible for an act or omission that was the cause (or a major contributing cause) of the harm that gave rise to the payment, and one of the following circumstances also is found to exist about the act or omission:

(1) The Surgeon General determines that the practitioner deviated from the standard of care in the act or omission; or

(2) The payment was the result of a judicial determination of negligence, and the Surgeon General, after considering the opinion and order of the court and consulting with the Judge Advocate General, finds that the court's determination of negligence was clearly based on the act or omission; or

(3) In a case in which the payment was the result of an administrative or litigation settlement, the Surgeon General, after consulting with the Judge Advocate General, finds that, based on the administrative and litigation (when applicable) record taken as a whole, the purpose of the NPDB requires that a report be made.

g\* To illustrate the application of subparagraph D.1.f.(3), above, a payment is not for the benefit of a licensed **healthcare** practitioner, and no report to the NPDB shall be made in the following circumstances (these examples are not meant to be all inclusive):

(1) An administrative or litigation settlement due to circumstances outside the control of the provider(s). such as drugs **mislabeled** by the supplier, equipment failure, accidents unrelated to patient care, power failure, etc..

(2) An administrative or litigation settlement based on administrative or litigation considerations, rather than clear evidence establishing on the record taken as a whole that a particular licensed **healthcare** practitioner was negligent.

h. In cases under which a report is made pursuant to subparagraphs D.1.f.(2) or D.1.f.(3), above, and the Surgeon General has **determined** that the standard of care was met by the licensed **healthcare** practitioner who is the subject of the report to the NPDB, the report shall include in the comment section the following statement: "The Surgeon General determined that the practitioner met the standard of care in this case."

i. Reporting of Healthcare Trainees

(1) Except as provided in subparagraph D.1.i.(2), below, if the Surgeon General determines (under the standards established in paragraphs D.1.f. and D.1.g., above,) that a payment was made for the benefit of a healthcare trainee, the attending practitioner who is responsible for the delivered care shall be reported to the NPDB. In such cases, the trainee shall not be reported.

(2) As the exception to subparagraph D.1.i.(1), above, if the Surgeon General makes a specific finding that the attending practitioner clearly met all reasonable standards of supervision and the trainee's act or omission was not reasonably foreseeable by the attending practitioner, then the trainee (not the attending practitioner) shall be reported to the NPDB.

j. Reasonable, documented attempts should be made to obtain provider information on alleged incidents occurring before September 1, 1988. In this context, no report to the NPDB shall be made if the provider information is unavailable for alleged incidents occurring before September 1, 1988.

2. Reports shall be made to the NPDB in cases of adverse privileging actions in accordance with the following guidelines:

a. Practitioners shall have benefit of due process procedures for professional review activities under requirements of the Military Departments' regulations and healthcare entity professional staff by-laws in cases of adverse clinical privileging actions.

b. Information on professional review actions or adverse privileging actions for physicians and dentists shall be reported to the appropriate State agencies and the NPDB. Other healthcare personnel shall be reported for privileging actions only after the Assistant Secretary of Defense (Health Affairs) notifies the Military Departments to begin submitting reports on a specified category of personnel.

c. The Office of the Surgeon General (OTSG) of the appropriate Military Department shall report physicians and dentists to the NPDB and appropriate state licensing boards, when privileges are denied, limited (restricted), or revoked for incompetence or improper professional conduct in accordance with enclosure 7 of DoD Directive 6025.11 (reference (e)).

d. Privileging actions resulting from a provider's medical disability that effects or could effect adversely the health or welfare of a patient or patients shall be reported to the NPDB. All other disabilities shall not be reported to the NPDB; however, they shall be reported with explanation to the appropriate State agencies in accordance with reference (e) and DoD Directive 6025.13 (reference (f)).

e. A provider who separates from active duty or whose business relationship with the Department of Defense ends, and whose clinical privileges are suspended at the time, shall be reported to the NPDB and appropriate State licensing boards. Clarifying or correcting notification of the NPDB and State

licensing boards shall be made, if indicated, following completion of hearing procedures.

3\* The NPDB shall be queried during the accessioning process of a health-care practitioner, and at least every 24 months thereafter as a part of the Military Medical Departments' reprivileging procedures.

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Health Affairs) shall:

a. Ensure that the policy established by this Instruction is implemented.

b. Establish with the Department of Health and Human Services an appropriate memorandum of understanding or otherwise formalize DoD participation in the NPDB.

c. Ensure that the Director of the Armed Forces Institute of Pathology (AFIP) directs that the Department of Legal Medicine shall maintain and analyze a risk management database of all closed medical malpractice cases involving the Department of Defense, and an adverse clinical privilege actions database involving military healthcare providers to ensure capability for evaluating experience with such settlements and actions.

d. Have the authority to authorize exceptions to requirements of this Instruction, if necessary. Such exceptions can be obtained by contacting the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) with justification and explanation.

2. The Secretaries of the Military Department shall implement this Instruction.

F. PROCEDURES

1. The Military Departments shall:

a. Develop procedures that comply with requirements of DoD Directive 6025.14 (reference (a)). Healthcare entity clinical privileging and malpractice reports shall be forwarded, through intermediate and higher commands, to their respective OTSG, using DD Form 2499, "Health Care Provider Action Report" (enclosure 2) or DD Form 2526, "Case Abstract for Malpractice Claims" (enclosure 3). Previous editions of DD Form 2499 and DD Form 2526 are obsolete.

b. Have their OTSG complete and send the appropriate form(s), per section G., below, to the NPDB. In addition, the information necessary to complete either DD Form 2499 or DD Form 2526, as appropriate, shall be forwarded to the Department of Legal Medicine at the AFIP. Submission of information to either the NPDB or AFIP shall be accomplished through electronic media when possible.

c. Prepare regulations and develop procedures to ensure that the NPDB . . is queried, per section G., below, during the accessioning process for a healthcare practitioner, and at least every 24 months thereafter. Information from those queries shall be given to all facilities to which the practitioner is ordered for either permanent or temporary duty during the 24 months.

d. Ensure that for a provider who had previously been granted permission to engage in off-duty employment in accordance with DoD Directive 6025.7 (reference (g)), and who is either appealing a decision to limit or suspend part or all of his or her clinical privileges or the decision to not fully restore clinical privileges, permission shall be withdrawn and the provider shall be notified of such withdrawal. No new permission shall be granted during the appeal process. Additionally, the appropriate officials at the place of employment shall be notified that permission to engage in off-duty employment has been withdrawn.

2. Department of Legal Medicine at the AFIP shall maintain and analyze a risk management database and an adverse clinical privilege actions database as described in paragraph E.1.c., above, as follows:

a. The Department of Legal Medicine shall receive, collate, and analyze risk management data provided by the individual Military Departments. The Department of Legal Medicine shall in turn establish, maintain, and submit to the OASD(HA) on a regular basis or as requested, statistical information and reports on all administrative or completed legal cases that arise from allegations of negligence in DoD MTFs or activities. Data describing adverse clinical privilege actions taken against military healthcare providers shall be, likewise, analyzed and reported to the OASD(HA). These reports consisting both of risk management data and adverse clinical privilege actions data shall be shared with the DoD Tri-Service Quality Improvement Committee through the Risk Management Subcommittee.

b. The professional staff in the Department of Legal Medicine shall conduct analyses and research on data referenced in paragraph F.2.a., above, to assist the OASD(HA) in implementing policy changes designed to improve the quality of healthcare. The Department of Legal Medicine shall, at the request of the DoD Tri-Service Quality Improvement Committee, provide assistance in educational programs, reports, and publications that will assist Federal healthcare providers in meeting continuing medical education requirements in risk management and selected areas of quality improvement.

3. When a report is sent for inclusion in the NPDB, a copy shall be provided to the healthcare professional, unless he or she cannot be located with reasonable effort.

#### G. INFORMATION REQUIREMENTS

1. Information reported to the NPDB shall be submitted using HRSA-529 (3/90), "Medical Malpractice Payment Report"; HRSA-530 (3/90), "Adverse Action Report"\*; or HRSA-531 (3/90), "Additional Information," as appropriate. Requests for information from the NPDB shall be by use of HRSA-532 (3/90), "Request For Information Disclosure"; and/or HRSA-532-1 (3/90), "Request for

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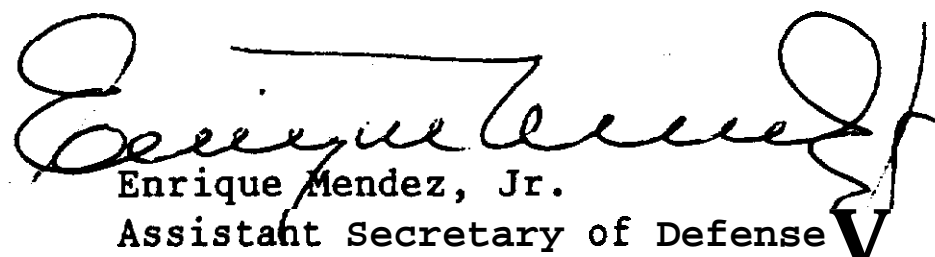
Information Disclosure--Supplement. " When possible, electronic transmission of data to and from the NPDB is recommended.

2. Reports to Department of Legal Medicine at the AFIP shall be submitted through electronic means, when available. When electronic submission is not possible, DD Form 2499 and DD Form 2526 shall be used, as appropriate.

3. The reporting requirements in this section have been assigned Report Control Symbols DD-HA(AR) 1611 and DD-HA(AR) 1782.

H. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. The Military Departments shall forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.

  
Enrique Mendez, Jr.  
Assistant Secretary of Defense  
(Health Affairs)

Enclosures - 3

1. References
2. DD Form 2499, "Health Care Provider Action Report"
- 3\* DD Form 2526, "Case Abstract For Malpractice Claims"

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REFERENCES, continued

- (e) DoD Directive 6025.11, "DoD Health Care Provider Credentials Review and Clinical Privileging," May 20, 1988
- (f) DoD Directive 6025.13, "DoD Medical Quality Assurance," November 17, 1988
- (g) DoD Directive 6025.7, "Off-Duty Employment By DoD Health Care Providers," October 21, 1985



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HEALTH CARE PROVIDER ACTION REPORT		1. DATE OF REPORT (YYMMDD)	REPORT CONTROL SYMBOL
		910324	DD-HA (AR) 1611
2. TYPE OF REPORT (X one)			
<input checked="" type="checkbox"/> a. INITIAL	<input type="checkbox"/> b. CORRECTION OR ADDITION	<input type="checkbox"/> c. REVISION TO ACTION	<input type="checkbox"/> d. VOID PREVIOUS
3. DATE OF ACTION (YYMMDD)	4. EFFECTIVE DATE OF ACTION (YYMMDD)	5. MEDICAL TREATMENT FACILITY (MTF)	
901212	910122	a. NAME AND ADDRESS (Street, City, State, ZIP Code) U.S. Naval Hospital 123 Hospital St Anywhere, USA 12345-6789	
b. DMIS CODE 7272			
6. PROVIDER INFORMATION			
a. NAME (Last, First, Middle) Doe John P.		b. SSN 222-22-2222	c. DATE OF BIRTH (YYMMDD) 491212
d. NAME OF PROFESSIONAL SCHOOL ATTENDED Medical College of Pennsylvania		<input checked="" type="checkbox"/> (1) UNITED STATES <input type="checkbox"/> (2) FOREIGN	e. DATE GRADUATED (YYMMDD) 7506 0 1
f. STATUS (X one) <input checked="" type="checkbox"/> (1) Army <input type="checkbox"/> (2) Navy <input type="checkbox"/> (3) Air Force <input type="checkbox"/> (4) PHS <input type="checkbox"/> (5) Civilian GS <input type="checkbox"/> (6) Partnership Internal <input type="checkbox"/> (7) Partnership External <input type="checkbox"/> (8) Personal Services Contract <input type="checkbox"/> (9) Non-Personal Services Contract			
g. SOURCE OF ACCESSION (X all that apply)			
(1) Military <input checked="" type="checkbox"/> (a) Volunteer <input type="checkbox"/> (b) Armed Forces Health Professional Scholarship Program <input type="checkbox"/> (c) Uniformed Services University of Health Sciences <input type="checkbox"/> (d) National Guard <input type="checkbox"/> (e) Reserve <input type="checkbox"/> (f) Other (Specify)		(2) Civilian <input type="checkbox"/> (a) Civil Semite <input type="checkbox"/> (b) Contracted <input type="checkbox"/> (c) Consultant <input type="checkbox"/> (d) Foreign National (Local hire) <input type="checkbox"/> (e) Other (Specify)	h. PAY GRADE 05 i. FEDERAL DEA NUMBER (if known) 1234
j. LICENSING INFORMATION			
(1) State of License VA	(2) License Number 123456	(1) State of License MD	(2) License Number 567890
DC	987654	PA	654321
7. TYPE OF PROVIDER AND SPECIALTY (FIELD OF LICENSURE) (X all that apply)			
a. PHYSICIAN DEGREE <input checked="" type="checkbox"/> M.D. (010) <input type="checkbox"/> D.O. (020)			
(1) Highest Level of Specialization <input type="checkbox"/> (a) Board Certified <input checked="" type="checkbox"/> (b) Residency Completed <input type="checkbox"/> (c) In Residency (015/025) <input type="checkbox"/> (d) No Residency			
(2) Primary Specialty <input type="checkbox"/> (a) In Training <input type="checkbox"/> (b) General Practice (GMO) <input type="checkbox"/> (c) Anesthesiology <input type="checkbox"/> (d) Aviation Medicine <input type="checkbox"/> (e) Dermatology <input type="checkbox"/> (f) Emergency Medicine <input type="checkbox"/> (g) Family Practice <input type="checkbox"/> (h) Internal Medicine <input type="checkbox"/> (h.a) Gastroenterology <input type="checkbox"/> (h.b) Hematology-Oncology		(i) Internal Medicine (Cont.) <input type="checkbox"/> (h.c) Infectious Disease <input type="checkbox"/> (h.d) Nephrology <input type="checkbox"/> (h.e) Pulmonary <input type="checkbox"/> (h.f) Rheumatology <input type="checkbox"/> (h.g) Tropical Medicine <input type="checkbox"/> (h.h) Allergy/Immunology <input type="checkbox"/> (h.i) Cardiology <input type="checkbox"/> (h.j) Endocrinology <input type="checkbox"/> (i) Neurology <input type="checkbox"/> (j) Obstetrics/Gynecology <input type="checkbox"/> (k) Ophthalmology <input checked="" type="checkbox"/> (l) Otolaryngology <input type="checkbox"/> (m) Orthopedics <input type="checkbox"/> (n) Pathology <input type="checkbox"/> (o) Pediatrics <input type="checkbox"/> (p) Physical Medicine <input type="checkbox"/> (q) Preventive Medicine <input type="checkbox"/> (r) Psychiatry <input checked="" type="checkbox"/> (s) Radiology <input type="checkbox"/> (t) Surgery, General <input type="checkbox"/> (t.a) Cardio-Thoracic <input type="checkbox"/> (t.b) Colon-Rectal <input type="checkbox"/> (t.c) Neurosurgery <input type="checkbox"/> (t) Surgery, General (Cont.) <input type="checkbox"/> (t.d) Oncology <input type="checkbox"/> (t.e) Pediatric <input type="checkbox"/> (t.f) Peripheral Vascular <input type="checkbox"/> (t.g) Plastic <input type="checkbox"/> (u) Underseas Medicine <input type="checkbox"/> (v) Urology <input type="checkbox"/> (w) Intensivist <input type="checkbox"/> (x) Neonatologist <input type="checkbox"/> (Y) Other (Specify)	
(3) Board Certification(s)			
b. DENTIST DENTIST (030)			
(1) Highest Level of Specialization <input type="checkbox"/> (a) Board Certified <input type="checkbox"/> (b) Residency Completed <input type="checkbox"/> (c) In Residency (03S) <input type="checkbox"/> (d) No Residency		(2) Primary Specialty <input type="checkbox"/> (a) General Dental Officer <input type="checkbox"/> (b) Oral Surgeon <input type="checkbox"/> (c) Other (Specify)	
(3) Board Certification(s)			
c. OTHER PROVIDERS		OTHER PROVIDERS	
Audiologist (400) Clinical Dietitian (200) Clinical Pharmacist (0s0) Clinical Psychologist (370) Clinical Social Worker (300)	Nurse Anesthetist (1 10) Nurse Midwife (120) Nurse Practitioner (130) Occupational Therapist (410)	Optometrist (636) Physical Therapist (430) Physician Assistant (642) Podiatrist (350) Speech Pathologist (4S0)	<input type="checkbox"/> Registered Nurse (100) <input checked="" type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Other (Specify)

E. ACTION TAKEN			
a. PRIVILEGING ACTIONS TAKEN/REASON CODE (See Page 2, Item 14a)	b. ACTIONS OTHER THAN PRIVILEGING (ADMINISTRATIVE) / REASON CODES (See Page 3, Item 14b)	c. LENGTH OF ACTION (In months)	
<div style="font-size: 4em; float: left; margin-right: 10px;">S</div> 650.02		24	
<div style="font-size: 4em; float: left; margin-right: 10px;">S</div>			
<div style="font-size: 4em; float: left; margin-right: 10px;">S</div>			
<input type="checkbox"/> NONE	<input type="checkbox"/> NONE		
d. LIST HOW AND WHY WHAT PRIVILEGES ARE AFFECTED BY THE ACTION:  <div style="font-size: 3em; text-align: center;">A</div> Cannot perform arteriography.			
e. OTHER ACTIONS TAKEN (X all that apply)			
<input type="checkbox"/> (1) Review <input type="checkbox"/> (6) Fired / Terminated	<input type="checkbox"/> (2) Rehabilitation <input type="checkbox"/> (7) Separated	<input checked="" type="checkbox"/> (3) Retraining <input type="checkbox"/> (8) Resigned	<input type="checkbox"/> (4) On-the-Job Training <input type="checkbox"/> (9) Retired <input type="checkbox"/> (5) Separated for Cause <input type="checkbox"/> (10) Other
9. CIVILIAN CONTRACTOR NAME			
10. PROVIDER'S LAST KNOWN ADDRESS OR HOME OF RECORD (Street, City, State, and Zip Code)		11. MEDICAL TREATMENT FACILITY (MTF) POINT OF CONTACT	
1234 Doctors Ave. Washington DC 22222		a. NAME (last, First, Middle Initial)  Thomas James T.	b. TELEPHONE (Include Area Code)  301-555-000(
2. REMARKS  <div style="font-size: 4em; text-align: center;">P</div> Must have extensive retraining and close supervision for 6 months after completion of retraining to perform arteriography.			
3. OFFICE OF THE SURGEON GENERAL (OTSG) INDIVIDUAL SUBMITTING COMPLETED REPORT			
a. NAME (Last, First, Middle Initial) Brown William S.		b. TITLE Professional Affairs	
c. TELEPHONE 123-45-6789		d. ADDRESS Office of the Navy Surgeon General	
e. SIGNATURE <div style="font-family: cursive; font-size: 1.2em;">William S. Brown</div>		f. DATE SIGNED (YYMMDD) 910326	
<div style="text-align: center;">INSTRUCTIONS</div> <div style="text-align: center; font-size: 0.8em;">(All other items are self-explanatory.)</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>2b. Correction or Addition: An administrative change intended to supersede or add information to the contents of a report.</p> <p>2c. Revision to Action: A new action which is related to and modifies a previously submitted adverse action.</p> <p>3. Date of Action: Enter the date of formal approval of the MTF's action as indicated by the OTSG.</p> <p>4. Effective Date of Action: Enter the date on which the action became effective.</p> <p>4a. Privileging Actions Taken / Reason: This entry is equivalent to NPDB's Adverse Action Classification Code.</p> </div> <div style="width: 25%; text-align: center;"> <div style="font-size: 4em;">E</div> </div> </div>			

<p><b>4a. PRIVILEGING ACTIONS TAKEN / REASON CODES</b></p> <p><b>610 REVOCATION - CLINICAL PRIVILEGES</b></p> <p>610.01 Alcoholism and Other Substance Abuse</p> <p>610.02 Incompetence / Malpractice / Negligence</p> <p>610.03 Narcotics Violations</p> <p>610.04 Felony</p> <p>610.05 Fraud</p> <p>610.10 Unprofessional Conduct</p> <p>610.20 Mental Disorder</p> <p>610.30 Allowing Unlicensed Person to Practice</p> <p>610.50 Disciplinary Action Taken in Another State</p> <p>610.70 Violated Previous Action</p> <p>610.80 Physical Impairment</p> <p>610.90 Other</p>	<p><b>645 OTHER RESTRICTION - CLINICAL PRIVILEGES</b></p> <p>645.01 Alcoholism and Other Substance Abuse</p> <p>645.02 Incompetence / Malpractice / Negligence</p> <p>645.03 Narcotics Violations</p> <p>645.04 Felony</p> <p>645.05 Fraud</p> <p>645.10 Unprofessional Conduct</p> <p>645.20 Mental Disorder</p> <p>645.30 Allowing Unlicensed Person to Practice</p> <p>645.50 Disciplinary Action Taken in Another State</p> <p>645.70 Violated Previous Action</p> <p>645.80 Physical Impairment</p> <p>645.90 Other</p>
<p><b>630 SUSPENSION - CLINICAL PRIVILEGES</b></p> <p>630.01 Alcoholism and Other Substance Abuse</p> <p>630.02 Incompetence / Malpractice / Negligence</p> <p>630.03 Narcotics Violations</p> <p>630.04 Felony</p> <p>630.05 Fraud</p> <p>630.10 Unprofessional Conduct</p> <p>630.20 Mental Disorder</p> <p>630.30 Allowing Unlicensed Person to Practice</p> <p>630.50 Disciplinary Action Taken in Another State</p> <p>630.70 Violated Previous Action</p> <p>630.80 Physical Impairment</p> <p>630.90 Other</p>	<p><b>650 DENIAL (ORIGINAL OR SUBSEQUENT) - CLINICAL PRIVILEGES</b></p> <p>650.01 Alcoholism and Other Substance Abuse</p> <p>650.02 Incompetence / Malpractice / Negligence</p> <p>650.03 Narcotics Violations</p> <p>650.04 Felony</p> <p>650.05 Fraud</p> <p>650.10 Unprofessional Conduct</p> <p>650.20 Mental Disorder</p> <p>650.30 Allowing Unlicensed Person to Practice</p> <p>650.50 Disciplinary Action Taken in Another State</p> <p>650.70 Violated Previous Action</p> <p>650.80 Physical Impairment</p> <p>650.90 Other</p> <p><b>660.90 Other</b></p>
<p><b>635 VOLUNTARY SURRENDER OF ALL PRIVILEGES WHILE UNDER INVESTIGATION FOR INCOMPETENCE OR MISCONDUCT OR TO AVOID SUCH INVESTIGATION - CLINICAL PRIVILEGES</b></p> <p>635.01 Alcoholism and Other Substance Abuse</p> <p>635.02 Incompetence / Malpractice / Negligence</p> <p>635.03 Narcotics Violations</p> <p>635.04 Felony</p> <p>635.05 Fraud</p> <p>635.10 Unprofessional Conduct</p> <p>635.20 Mental Disorder</p> <p>635.30 Allowing Unlicensed Person to Practice</p> <p>635.50 Disciplinary Action Taken in Another State</p> <p>635.70 Violated Previous Action</p> <p>635.80 Physical Impairment</p> <p>635.90 Other</p>	<p><b>699 REVISION TO ACTION - CLINICAL PRIVILEGES</b></p> <p>690.00 Reinstatement, Complete</p> <p>691.00 Reinstatement, Conditional</p> <p>692.00 Reinstatement, Denied</p> <p>690.00 Partial Reinstatement of Privileges- Reduction of Previous Action</p> <p>695.00 Extension of Previous Action</p> <p>699.00 Reversal of Previous Action Due To Appeal or Review</p>
<p><b>640 REDUCTION IN PRIVILEGES - CLINICAL PRIVILEGES</b></p> <p>640.01 Alcoholism and Other Substance Abuse</p> <p>640.02 Incompetence / Malpractice / Negligence</p> <p>640.03 Narcotics Violations</p> <p>640.04 Felony</p> <p>640.05 Fraud</p> <p>640.10 Unprofessional Conduct</p> <p>640.20 Mental Disorder</p> <p>640.30 Allowing Unlicensed Person to Practice</p> <p>640.50 Disciplinary Action Taken in Another State</p> <p>640.70 Violated Previous Action</p> <p>640.80 Physical impairment</p> <p>640.90 Other</p>	<p><b>14b. ACTIONS OTHER THAN PRIVILEGING (ADMINISTRATIVE) / REASON CODES</b></p> <p>810.01 Alcoholism and Other Substance Abuse</p> <p>810.02 Referral for Courts Martial</p> <p>810.03 Narcotics Violations</p> <p>810.04 Felony</p> <p>810.05 Fraud</p> <p>810.10 Unprofessional Conduct</p> <p>810.20 Mental Disorder</p> <p>810.30 Allowing Unlicensed Person to Practice</p> <p>810.50 Disciplinary Action Taken in Another State</p> <p>810.70 Violated Previous Action</p> <p>810.80 Physical Impairment</p> <p>810.90 Other</p>

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CASE ABSTRACT FOR MALPRACTICE CLAIMS		1. DATE OF REPORT (YYMMDD)	2. CLAIMANT LAST NAME	REPORT CONTROL SYMBOL
		920103	Smith	DD-HA (AR) 1782
3. TYPE OF REPORT (X one)			4. DATES OF ACT(S) OR OMISSION(S) (YYMMDD)	
<input checked="" type="checkbox"/> a. INITIAL			a. BEGINNING DATE	
<input type="checkbox"/> b. CORRECTION OR ADDITION			b. ENDING DATE	
<input type="checkbox"/> c. REVISION TO ACTION			9 1 0 8 1 8 9 1 0 8 1 9	
<input type="checkbox"/> d. VOID PREVIOUS REPORT				
5. DATE CLAIM FILED (YYMMDD)	6. DATE OF JUDGMENT OR SETTLEMENT (YYMMDD)	7. MEDICAL TREATMENT FACILITY		
9 1 1 2 2 9		a. NAME		
		Navy Hospital		
		b. DMIS CODE		
		7 2 7 2		
8. PROVIDER INFORMATION				
a. NAME (Last, First, Middle Initial, Suffix)		b. SSN	c. DATE OF BIRTH (YYMMDD)	
Doe John E..		222-22-2222	410808	
d. NAME OF PROFESSIONAL SCHOOL ATTENDED		e. DATE GRADUATED (YYMMDD)	f. SPECIALTY CODE	
Medical College of Virginia		840601		
g. STATUS (X one)				
<input type="checkbox"/> (1) Army <input type="checkbox"/> (3) Air Force <input type="checkbox"/> (5) Civilian GS				
<input checked="" type="checkbox"/> (2) Navy <input type="checkbox"/> (4) PHS <input type="checkbox"/> (6) Partnership Internal				
<input type="checkbox"/> (7) Partnership External <input type="checkbox"/> (9) Non-Personal Services Contract				
<input type="checkbox"/> (8) Personal Services Contract				
h. SOURCE OF ACCESSION (X all that apply)				
(1) Military				
<input checked="" type="checkbox"/> (a) Volunteer				
<input type="checkbox"/> (b) Armed Forces Health Professional Scholarship Program				
<input type="checkbox"/> (c) Uniformed Services University of Health Sciences				
<input type="checkbox"/> (d) National Guard				
<input type="checkbox"/> (e) Reserve				
<input type="checkbox"/> (f) Other (Specify)				
(2) Civilian				
<input type="checkbox"/> (a) Civil Service				
<input type="checkbox"/> (b) Contracted				
<input type="checkbox"/> (c) Consultant				
<input type="checkbox"/> (d) Foreign National (Local Hire)				
<input type="checkbox"/> (e) Other (Specify)				
i. LICENSING INFORMATION				
(1) State of License		(2) License Number	(1) State of License	(2) License Number
VA		123456	DC	567890
MD		543210	PA	987654
9. TYPE OF PROVIDER AND SPECIALTY (FIELD OF LICENSURE) (X all that apply)				
a. PHYSICIAN DEGREE				
M.D. (010)				
D.O. (020)				
(1) Highest Level of Specialization				
<input checked="" type="checkbox"/> (a) Board Certified				
<input type="checkbox"/> (b) Residency Completed				
<input type="checkbox"/> (c) In Residency (015/025)				
<input type="checkbox"/> (d) No Residency				
(2) Primary Specialty				
<input type="checkbox"/> (a) In Training				
<input type="checkbox"/> (b) General Practice (GMO)				
<input type="checkbox"/> (c) Anesthesiology				
<input type="checkbox"/> (d) Aviation Medicine				
<input type="checkbox"/> (e) Dermatology				
<input type="checkbox"/> (f) Emergency Medicine				
<input type="checkbox"/> (g) Family Practice				
<input type="checkbox"/> (h) Internal Medicine				
<input type="checkbox"/> (h.a) Gastroenterology				
<input type="checkbox"/> (h.b) Hematology-Oncology				
<input type="checkbox"/> (h.c) Infectious Disease				
<input type="checkbox"/> (h.d) Nephrology				
<input type="checkbox"/> (h.e) Pulmonary				
<input type="checkbox"/> (h.f) Rheumatology				
<input type="checkbox"/> (h.g) Tropical Medicine				
<input type="checkbox"/> (h.h) Allergy/Immunology				
<input type="checkbox"/> (h.i) Cardiology				
<input type="checkbox"/> (h.j) Endocrinology				
<input type="checkbox"/> (i) Neurology				
<input type="checkbox"/> (j) Obstetrics/Gynecology				
<input type="checkbox"/> (k) Ophthalmology				
<input type="checkbox"/> (l) Otorhinolaryngology				
<input type="checkbox"/> (m) Orthopedics				
<input type="checkbox"/> (n) Pathology				
<input type="checkbox"/> (o) Pediatrics				
<input type="checkbox"/> (p) Physical Medicine				
<input type="checkbox"/> (q) Preventive Medicine				
<input type="checkbox"/> (r) Psychiatry				
<input type="checkbox"/> (s) Radiology				
<input type="checkbox"/> (t) Surgery, General				
<input checked="" type="checkbox"/> (t) Surgery, General (Cont.)				
<input type="checkbox"/> (t.d) Oncology				
<input type="checkbox"/> (t.e) Pediatric				
<input type="checkbox"/> (t.f) Peripheral Vascular				
<input type="checkbox"/> (t.g) Plastic				
<input type="checkbox"/> (u) Underseas Medicine				
<input type="checkbox"/> (v) Urology				
<input type="checkbox"/> (w) Intensivist				
<input type="checkbox"/> (x) Neonatologist				
<input type="checkbox"/> (y) Other (Specify)				
(3) Board Certification(s)				
American Board of Surgery				
b. DENTIST				
DENTIST (030)				
(1) Highest Level of Specialization				
<input type="checkbox"/> (a) Board Certified				
<input type="checkbox"/> (b) Residency Completed				
<input type="checkbox"/> (c) In Residency (035)				
<input type="checkbox"/> (d) No Residency				
(2) Primary Specialty				
<input type="checkbox"/> (a) General Dental Officer				
<input type="checkbox"/> (b) Oral Surgeon				
<input type="checkbox"/> (c) Other (Specify)				
(3) Board Certification(s)				
c. OTHER PROVIDERS				
OTHER PROVIDERS				
Audiologist (400)				
Clinical Dietitian (200)				
Clinical Pharmacist (050)				
Clinical Psychologist (370)				
Clinical Social Worker (300)				
Nurse Anesthetist (110)				
Nurse Midwife (120)				
Nurse Practitioner (130)				
Occupational Therapist (410)				
Optometrist (636)				
Physical Therapist (430)				
Physician Assistant (642)				
Podiatrist (3S0)				
Speech Pathologist (450)				
Registered Nurse (100)				
Emergency Medical Technician				
Other (Specify)				

O. PATIENT DEMOGRAPHICS				
a. NAME (Last, First, <del>Middle</del> Initial) Smith Betty S.		b. SEX (X one) <input type="checkbox"/> (1) Male <input checked="" type="checkbox"/> (2) Female <input type="checkbox"/> (3) Unknown		c. AGE 29
d. STATUS (X and complete as applicable) <input checked="" type="checkbox"/> (1) Dependent of Active Duty <input type="checkbox"/> (3) Retired Member <input type="checkbox"/> (5) Active Duty <input type="checkbox"/> (2) Dependent of Retired Member <input type="checkbox"/> (4) Civilian Emergency <input type="checkbox"/> (6) Other (Specify)			e. SSN OF SPONSOR	
1. DIAGNOSES		ICD9-CM CODE	12. PROCEDURES	
a. <sup>(Primary)</sup> Mega <del>l</del> oappendix		7515	a. <sup>(Principle)</sup> Appendectomy	
b.			b.	
c.			c.	
3. PATIENT ALLEGATION(S) OF NEGLIGENCE CARE				
a. DESCRIPTION OF THE ACTS OR OMISSIONS AND INJURIES UPON WHICH THE ACTION OR CLAIM WAS BASED (Limit to 300 characters.)				
Failure to take precautions to prevent scar formation				
M				
b. ACT OR OMISSION CODE(S) (Refer to table on Page 4)			c. CLINICAL SERVICE CODE	
2 5 0	(1) Primary Act or Omission Code		(2) Additional Act or Omission Code	ABA
6 4 0	(3) Additional Act or Omission Code		(4) Additional Act or Omission Code	
9 4 0	(5) Additional Act or Omission Code		(6) Additional Act or Omission Code	
i. DESCRIPTION OF FINDINGS ON WHICH THE ACTION OR CLAIM WAS PAID				
Administrative Settlement				
Medical Record documentation could compromise attempts to defend.				
P				
L				
14. MALPRACTICE CLAIM MANAGEMENT				
a. AMOUNT CLAIMED \$1,000,000	b. ADJUDICATIVE BODY CASE NUMBER NC 12345		c. ADJUDICATIVE BODY NAME 103	d. DATE OF PAYMENT 920606
e. OUTCOME (X one) <input checked="" type="checkbox"/> (1) Administratively Settled (Service) <input type="checkbox"/> (2) Denied: Dismissed by Plaintiff or by Agreement		(3) Denied: Statute of Limitations (4) Denied: FERES (S) Denied: Not a Legitimate Claim, Non-Meritorious	(6) Litigated: Decision for Plaintiff (7) Litigated: Decision for U.S. (8) Litigated: Out of Court Settlement (DOJ) (9) Other (Specify)	
f. AMOUNT PAID \$10,000	g. NUMBER OF CLAIMS FOR THIS INCIDENT 1		h. NUMBER OF PRACTITIONERS ON WHOSE BEHALF PAYMENT WAS MADE 1	

<b>15. PROFESSIONAL REVIEW ASSESSMENT BY MEDICAL TREATMENT FACILITY</b>					
a. ATTRIBUTION OF CAUSE (X all that apply)			b. EVALUATION OF CARE (X one)		
<input type="checkbox"/> (1) Facility or Equipment	<input type="checkbox"/> (2) Physician	<input checked="" type="checkbox"/> (3) Personnel other than Physician	<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	
<input type="checkbox"/> (4) Management	<input type="checkbox"/> (5) System		<input checked="" type="checkbox"/> (3) Indeterminate		
c. IDENTIFY LOCATION OF CARE (X one)					
<input type="checkbox"/> (1) Ambulatory Clinic	<input checked="" type="checkbox"/> (2) Inpatient Clinic	<input type="checkbox"/> (3) Dental Service	<input type="checkbox"/> (4) Emergency	<input type="checkbox"/> (5) Other (Specify)	
d1. INJURY SEVERITY (X one)			e. INJURY DURATION (X one)		
<input checked="" type="checkbox"/> (1) None	<input type="checkbox"/> (2) Some	<input type="checkbox"/> (3) Death	<input type="checkbox"/> (1) Temporary	<input type="checkbox"/> (2) Permanent	<input checked="" type="checkbox"/> (3) Cannot Predict/Undetermined
<b>16. ASSESSMENT</b>					
a. AFIP REQUIRED?		YES <input checked="" type="checkbox"/> NO (Evaluation of Care. x one)		<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met
				<input type="checkbox"/> (3) Indeterminate	
b. OTHER ASSESSMENTS					
(1) UCA or Name			<input checked="" type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate
General Surgery Specialty Advisor      GME Documentation Issues					
(2) UCA or Name			<input checked="" type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate
Dermatology					
(3) UCA or Name			<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input checked="" type="checkbox"/> (3) Indeterminate
Nursing Documentation was Incomplete					
(4) UCA or Name			<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate
P					
c. FINAL OTSG DETERMINATION ACT OR OMISSION CODE(S) (Refer to table on Page 4)				d. CLINICAL SERVICE CODE	
290	(1) Primary Act or Omission Code		(4) Additional Act or Omission Code	ABA	(1) Primary
	(2) Additional Act or Omission Code		(5) Additional Act or Omission Code		(2) Secondary
	(3) Additional Act or Omission Code		(6) Additional Act or Omission Code		(3) Tertiary
17. STANDARD OF CARE (OTSG DETERMINATION) (X one)			<input checked="" type="checkbox"/> MET	18. NPDB REPORTED	
			<input type="checkbox"/> NOT MET	<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
19. REMARKS					
<p>NO cause to attribute to physician.</p> <p>Command to heighten awareness of appropriate documentation during dressing changes by GME and Nursing staff.</p> <p style="text-align: right; font-size: 2em;">E</p>					

DIAGNOSIS RELATED

- 010 ~~Failure to diagnose~~ (i.e., concluding that patient has *no* disease or condition)  
 020 ~~Wrong diagnosis~~ (misdiagnosis, i.e., original diagnosis is incorrect)  
 030 ~~Improper performance of test~~  
 040 ~~Unnecessary diagnostic test~~  
 050 Delay in diagnosis  
 060 Failure to obtain consent/lack of informed consent  
 090 Diagnosis related (NOC)\*

ANESTHESIA RELATED

- 110 Failure to complete ~~test~~ assessment  
 120 Failure to monitor  
 130 Failure to test equipment  
 140 Improper choice of anesthetic agent or equipment  
 150 Improper technique/indication  
 160 Improper equipment use  
 170 Improper incubation  
 180 Improper positioning  
 185 Failure to obtain consent/lack of informed consent  
 190 Anesthesia related (NOC)\*

SURGERY RELATED

- 210 Failure to perform surgery  
 220 Improper positioning  
 230 Retained foreign body  
 240 Wrong body part  
 250 Improper performance of surgery  
 260 Unnecessary surgery  
 270 Delay in surgery  
 280 Improper management of surgical patient  
 285 Failure to obtain consent for surgery/lack of informed consent  
 290 Surgery related (NOC)\*

MEDICATION RELATED

- 30S Failure to order appropriate medication  
 310 Wrong medication ordered  
 315 Wrong dosage ordered of correct medication  
 320 Failure to instruct on medication  
 325 Improper management of medication program  
 330 Failure to obtain consent for medication/lack of informed consent  
 340 Medication error (NOC)\*  
 350 Failure to medicate  
 355 Wrong medication administered  
 360 Wrong dosage administered  
 36S Wrong patient  
 370 Wrong route  
 380 Improper technique  
 390 Medication administration related (NOC)\*

INTRAVENOUS AND BLOOD PRODUCTS RELATED

- 410 Failure to monitor  
 420 Wrong solution  
 430 Improper performance  
 440 IV related (NOC)\*  
 450 Failure to insure contamination free  
 460 Wrong type  
 470 Improper administration  
 480 Failure to obtain consent/lack of informed consent  
 490 Blood product related (NOC)\*

OBSTETRICS RELATED

- 505 Failure to manage pregnancy  
 510 Improper choice of delivery method  
 520 Improperly performed vaginal delivery  
 525 Improperly performed C-section  
 530 Delay in delivery (induction or surgery)  
 540 Failure to obtain consent/ lack of informed consent  
 550 Improperly managed labor (NOC)\*  
 555 Failure to identify /treat fetal distress  
 560 Delay in treatment of fetal distress (i.e., identified but treated in untimely manner)  
 570 Retained foreign body/vaginal /uterine  
 580 Abandonment  
 590 Wrongful life / birth  
 590 Obstetrics related (NOC)\*

TREATMENT RELATED

- 610 Failure to treat  
 620 Wrong treatment /procedure performed (also improper choice)  
 630 Failure to instruct patient on self care  
 640 Improper performance of a treatment/procedure  
 650 Improper management of course of treatment  
 660 Unnecessary treatment  
 665 Delay in treatment  
 670 Premature end of treatment (also abandonment)  
 675 Failure to supervise treatment/procedure  
 680 Failure to obtain consent for treatment/lack of informed consent  
 685 Failure to refer/seek consultation  
 690 Treatment related (NOC)\*

MONITORING

- 710 Failure to monitor  
 720 Failure to respond to patient  
 730 Failure to report on patient condition  
 790 Monitoring related (NOC)\*

810 MEDICAL EQUIPMENT/PRODUCT RELATED

- 810 Failure to inspect/monitor  
 820 Improper maintenance  
 830 Improper use  
 840 Failure to respond to warning  
 850 Failure to instruct patient on use of equipment/product  
 860 Malfunction / failure  
 890 Biomedical equipment /product related (NOC)\*

MISCELLANEOUS

- 910 Inappropriate behavior of clinician (i.e., sexual misconduct allegation, assault)  
 920 Failure to protect third parties (i.e., failure to warn/protect from violent patient behavior)  
 930 Breach of confidentiality/privacy  
 940 Failure to maintain appropriate infection control  
 950 Failure to follow institutional policy/procedure  
 960 Other (Provide detailed written description)  
 990 Failure to review provider performance